05040

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston
LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) JESSE (Middle) J. (Last) BOTT
4. DATE OF DEATH (Month) 5 (Day) 6 (Year) 1950
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 4 1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elec Engineer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rochester N. Y
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Herman Bott
14. MOTHER'S MAIDEN NAME Mollie Bernard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-05-881
17. INFORMANT Mrs Mary J. Bott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490X Immediate cause (a) Right Cardiac failure

108 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia Both bases.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) M.D. D.M.E. ADDRESS Rising Sun Md. DATE SIGNED 5-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-9-50
NAME OF CEMETERY OR CREMATORY Charlestown
LOCATION (City, town, or county) Charlestown (State) Md
DATE REC'D BY LOCAL REG. May 8
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East Md

V 1893

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 11 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05041 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-415

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Md.
STATE: MARYLAND
LENGTH OF STAY (in this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print): (First) OLLIE (Middle) R. (Last) CHANEY

4. DATE OF DEATH: (Month) May (Day) 8, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 26, 1889

9. AGE last birthday: 61 yrs. If under 1 year: Months 2, Days 12, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Davis City, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown - deceased

14. MOTHER'S MAIDEN NAME: Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I.

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Shock, systemic	2 hrs.
Antecedent cause(s)	due to	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Exploratory laparotomy due to	
	(c) Hepatitis, diffuse, obstructive, fibrosis, hepatic duct	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-8-50

19b. MAJOR FINDINGS OF OPERATION: Same as above

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --
(CITY OR TOWN): --
(COUNTY):
(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: --

22. I hereby certify that I VA attended the deceased from Apr. 25, 1950, to May 8, 1950, that I last saw the deceased ~~alive on [illegible] 19[illegible]~~, and that death occurred at 4:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md.
ADDRESS:
DATE SIGNED: May 10, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 5/10/50
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county): Fort Myer, Va.
(State):

DATE REC'D BY LOCAL REG.: May 10, 1950
REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son
PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
MAY 16, 1950
BUREAU OF S.

05042

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Near Steeds
LENGTH OF STAY (in this place) 37
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton R.D. 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R.D. 4
STREET ADDRESS (If rural, give location) Elkton, R.D. 4.

3. NAME OF DECEASED (Type or Print) (First) DANIEL (Middle) (Last) DREIBELBIS

4. DATE OF DEATH (Month) (Day) (Year) May 31, 1950

5. SEX M.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Apr 26 1867
9. AGE last birthday 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Field - Paper Mill.
10b. KIND OF BUSINESS OR INDUSTRY Paper.
11. BIRTHPLACE (State or foreign country) Berks Co. Pa
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Joseph Dreibelbis
14. MOTHER'S MAIDEN NAME Mary Gamble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Horace Rockwell.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151x Immediate cause (a) Carcinoma of the Stomach — INTERVAL BETWEEN ONSET AND DEATH: About 9 months

Antecedent cause(s)

46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardio-Vascular Disease — Several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1950, to May 31, 1950, that I last saw the deceased alive on May 31, 1950, and that death occurred at 9 45 P m., from the causes and on the date stated above.

SIGNATURE S. Ralph Andrews Jr. M.D. (Degree or title) M.D. ADDRESS Elkton Maryland DATE SIGNED 6/2/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE June 3/50 NAME OF CEMETERY OR CREMATORY Cherry Hill. LOCATION (City, town, or county) Cherry Hill, (State) Md

DATE REC'D BY LOCAL REG. June 3 REGISTRAR'S SIGNATURE F R Frazer 24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

XXX 11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1950
BUREAU Y. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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260x

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05043

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bessie (Middle) (Last) Flintham

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1950

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Sept 18, 1871

9. AGE last birthday 78 yrs. If under 1 year: Months 8, Days 8; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Chesapeake City Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W. Harriott

14. MOTHER'S MAIDEN NAME Rebecca Titter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS R. W. Walworth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
181x Immediate cause	(a) Carcinoma of bladder	2 years
Antecedent cause(s)		
52b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1938, to May 26 1950, that I last saw the deceased alive on May 26, 1950, and that death occurred at 11.38 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] Davis MD ADDRESS Chesapeake City Md DATE SIGNED 5/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE May 29, 1950

NAME OF CEMETERY OR CREMATORY Bethel

LOCATION (City, town, or county) Chesapeake City (State) Md.

DATE REC'D BY LOCAL REG. May 29

REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md.

RECEIVED
MAY 31 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05044

Reg. Dist. No. 96

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point

LENGTH OF STAY (in this place) 24yrs. 2mos. 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilkinsburg.

STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) FLUHR, (Middle) Charles (Last) S.

4. DATE OF DEATH: (Month) May (Day) 15, (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 12-28-1893

9. AGE last birthday 56 yrs. If under 1 year: Months 4, Days 17; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown - deceased

14. MOTHER'S MAIDEN NAME Mary - unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute yellow atrophy of the liver — Interval Between Onset and Death: 4 days

Antecedent cause(s) due to

092X (b) Hepatitis, infectious

125a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --

19b. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -- (CITY OR TOWN) -- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I VA attended the deceased from March 8, 1926, to May 15, 1950, ~~that I last saw the deceased alive on~~ ~~19~~, and that death occurred at 3:15 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. May 17, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE 5-17-50

NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. May 17, 1950

REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR Pennington & Son

ADDRESS PENNINGTON & SON, Havre de Grace, Md

XVX99

RECEIVED
MAY 22 1950
BUREAU V. S.

05045

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOSEPHINE (Middle) E. (Last) HARRIS

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: April 11 1862 | 9. AGE last birthday: 88 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic | 10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Cole | 14. MOTHER'S MAIDEN NAME: Julia Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): No | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Leon Carroll Cecilton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Apoplexy

334x Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3/50, 19..., to 5/4/50, 19..., that I last saw the deceased alive on 5/3, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE H. H. Hamilton | (Degree or title) M.D. | ADDRESS Millington md | DATE SIGNED 5/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE May 8/1950 | NAME OF CEMETERY OR CREMATORY Cecilton | LOCATION (City, town, or county) Cecilton | (State) Md.

DATE REC'D BY LOCAL REG. May 8-50 | REGISTRAR'S SIGNATURE Mrs Howard W. Cheyney | 24. FUNERAL DIRECTOR Edward Pellow | ADDRESS Millington Md.

52086

RECEIVED
MAY 10 1950
BUREAU U. S.

05046

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 9 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): 184 E Main St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): John Maclean Hinckley
4. DATE OF DEATH (Month) (Day) (Year): May 8 1950
5. SEX: M
6. COLOR OR RACE: Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: July 2 / 1873
9. AGE last birthday: 72 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Litory Editor
10b. KIND OF BUSINESS OR INDUSTRY: News Paper.
11. BIRTHPLACE (State or foreign country): Danville, Pa
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Harry M. Hinckley
14. MOTHER'S MAIDEN NAME: Amelia Gerhart.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Mabel R. Hinckley, Elkton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Heart Disease	1/2 hr.
177X Antecedent cause(s)			
51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Uremia	48 hrs
	(c)	Prostatic Carcinoma	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): Town of Elkton Cecil, Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 May, 1950, to 8 May, 1950, that I last saw the deceased alive on 8 May, 1950, and that death occurred at 1:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George J Kreis, Jr. M.D. — ADDRESS: Elkton, Md — DATE SIGNED: 8 May 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 11/50 — NAME OF CEMETERY OR CREMATORY: Elkton — LOCATION (City, town, or county) (State): Elkton, Md

DATE REC'D BY LOCAL REG.: May 11 — REGISTRAR'S SIGNATURE: F R Frazer — 24. FUNERAL DIRECTOR: H W Pippin & Son — ADDRESS: Elkton, Md

VO414

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1960
BUREAU W. S.

05047

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Rural
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Rural
STREET ADDRESS (If rural give location) Elkton Rd

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Thomas (Last) Janney
4. DATE OF DEATH: (Month) 5 (Day) 4 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-12-1885
9. AGE: Last birthday 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Grocery and Gas
11. BIRTHPLACE (State or foreign country): Providence, Cecil Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: zEz Elmer E. Janney
14. MOTHER'S MAIDEN NAME: Lottie Tong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Annie Janney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 **Immediate cause** (a) Drowned

183 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Big Elk Creek
(CITY OR TOWN) Andora. (COUNTY) Cecil Co. (STATE) Md.

TIME OF INJURY (Month) 5 (Day) 4 (Year) 1950 (Hour) P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Either fell or jumped off log overcreek.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE (Degree or title) R L Dodson, MD DME
ADDRESS Rising Sun, Md.
DATE SIGNED 5-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-8-50
NAME OF CEMETERY OR CREMATORY Cherry Hill
LOCATION (City, town, or county) Cherry Hill (State) Md.

DATE REC'D BY LOCAL REG. May 7
REGISTRAR'S SIGNATURE E R Frazer
24. FUNERAL DIRECTOR J E Tyson
ADDRESS Rising Sun Md

15661

VS. A15A

RECEIVED
MAY 11 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

05048

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:
County: Cecil
City or town: Rising Sun
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Rising Sun
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Sylvan
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Jackie Jones

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): April 30 1950

8. AGE: Years | Months | Days: 3 | If less than one day ... hrs. ... min.

9. Birthplace: Cecil Co Md
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER
12. Name: Paul Jones
13. Birthplace: Offord Pa
MOTHER
14. Maiden name: Marjorie Burke
15. Birthplace: Elkton Maryland
16. Informant: Marjorie Jones
Address: Rising Sun
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 3 1950 (month) (day) (year)
Cemetery ~~or crematory~~: Fremont
Location: Fremont Chester Co.
18. Funeral director: Earl Tyson
Address: Rising Sun Md
19. May 3 1950 (Date rec'd by registrar) L. M. Worthington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 2 1950, at 11:15 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 30 1950, to May 2 1950 and that I last saw him alive on May 2 1950
Immediate cause of death: Prematurity, Congenital Weakness
Due to
Due to
Other conditions
7735
159
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: F. C. Robinson M.D. M. D. or other
Address: Offord Pa Date signed: 5-2-50

1-0-4-30-0-24-4-30-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
1950
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05049

CERTIFICATE OF DEATH

Reg. Dist. No. 9r

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elk Mills
LENGTH OF STAY (in this place): 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Same
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Nelson (Last) Kay

4. DATE OF DEATH: (Month) May (Day) 12th (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 2, 1881

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Textile Mfg.

10b. KIND OF BUSINESS OR INDUSTRY: Tapestry- velour

11. BIRTHPLACE (State or foreign country): Greenbank, Delaware.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Alfred Kay

14. MOTHER'S MAIDEN NAME: Elizabeth Boulden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 313-03-1900

17. INFORMANT: Sister Mrs. Martha Scarborough

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Cardiac embolus — about 2 mins

93e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardosis- (Fatigued heart)non- valvular — about 8 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 13, 1950, to May 12, 1950, that I last saw the deceased alive on May 5th, 1950, and that death occurred at 1.45 P. M., from the causes and on the date stated above.

SIGNATURE: A. H. McKnight (Degree or title) M.D. ADDRESS: Elkton Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: MAY 16. 1950

NAME OF CEMETERY OR CREMATORY: CHERRY HILL METHODIST

LOCATION (City, town, or county) (State): ELKTON RD 5 Md

DATE REC'D BY LOCAL REG.: May 15

REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR: Joseph R Grant ADDRESS: North East Md

15605

RECEIVED
MAY 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05050

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 8yrs. 2mos. 17days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Penna. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oil City
STREET ADDRESS (If rural, give location): 1001 E. Washington St.

3. NAME OF DECEASED (Type or Print): (First) EVA (Middle) E. (Last) LOVE

4. DATE OF DEATH: (Month) May (Day) 7, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-25-1870

9. AGE last birthday: 79 yrs. If under 1 year: Months 6, Days 12, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Nursing unk

11. BIRTHPLACE (State or foreign country): Oil City, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Love, -deceased

14. MOTHER'S MAIDEN NAME: Name unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): Sp.Am. and WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, bronchial, bilateral — Interval between onset and death: 48 hrs.

Antecedent cause(s) due to

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis, fibrous, old

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN) (COUNTY) (STATE): --

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Feb. 20, 1942, to May 7, 1950, ~~that I last saw the deceased~~ ~~alive on~~ ~~, 19xx~~, and that death occurred at 3:40 PM m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon (Degree or title) M.D., Chief, Professional Services, ADDRESS: VAH, Perry Point, Md. DATE SIGNED: May 10, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: May 10, 1950

NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: May 10, 1950

REGISTRAR'S SIGNATURE: Irene E. Doughboy

24. FUNERAL DIRECTOR: Pennington & Son ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

V 36 92

RECEIVED
MAY 16 1960
U.S. PATENT OFFICE

05051

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Blake — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Blake
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CLEMENT (Middle) R. (Last) McALLISTER
4. DATE OF DEATH: (Month) 5 (Day) 2 (Year) 1950
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 10-22-1868
9. AGE last birthday: 81 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Paper Maker
10b. KIND OF BUSINESS OR INDUSTRY: Employed Making Paper
11. BIRTHPLACE (State or foreign country): Cecil Co Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John A. McAllister
14. MOTHER'S MAIDEN NAME: Mary E. Ewing
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):
16. SOCIAL SECURITY No.: 218-09-1858
17. INFORMANT: Sara Boyle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Uremia.

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15, 1950, to 5-2, 1950, that I last saw the deceased alive on 5-2, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE: R. C. Dodson (Degree or title) MD — ADDRESS: Rising Sun Md — DATE SIGNED: 5-3-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 5, 1950 — NAME OF CEMETERY OR CREMATORY: Rose Bank — LOCATION (City, town, or county): Calvert (State): Md

DATE REC'D BY LOCAL REG.: May 5 — REGISTRAR'S SIGNATURE: F. R. Frazer — 24. FUNERAL DIRECTOR: H. W. Piffin & Son — ADDRESS: Elkton Md.

49611

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAY 8 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

05052

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; STATE MARYLAND; LENGTH OF STAY in this place 16 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D C; STREET ADDRESS (If rural give location) Bolling Field

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) MICHAEL (Last) McCaffrey

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1950

5. SEX M. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 10-9-28 | 9. AGE last birthday 21 yrs. | If under 1 year: Months 7, Days 12 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Corporal | 10b. KIND OF BUSINESS OR INDUSTRY USAF | 11. BIRTHPLACE (State or foreign country) Cleveland, Ohio | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Patrick J. McCaffrey. | 14. MOTHER'S MAIDEN NAME Mary Campbell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes - Sc | 16. SOCIAL SECURITY NO. | 17. INFORMANT John J. McCaffrey.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 2 & 3 degree burn of

916.6 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under ying cause last 181 (b) 80 percent of body.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Garage. | (CITY OR TOWN) Rising Sun (COUNTY) Cecil (STATE) Md

TIME OF INJURY (Month) 6 (Day) 21 (Year) 1950 (Hour) 7 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Gas tanks exploded on car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

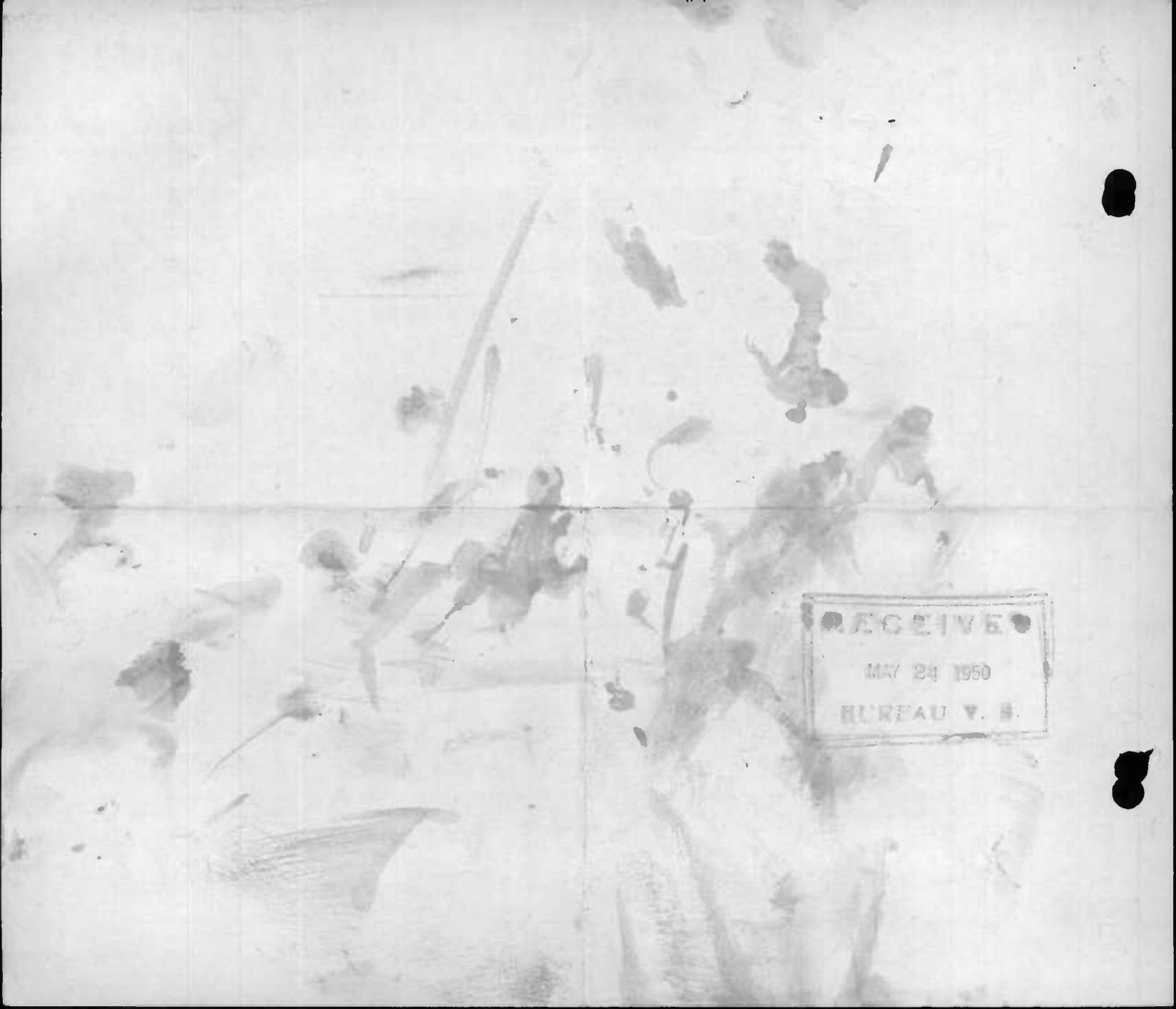
SIGNATURE A. E. Dodson | (Degree or title) MD DME | ADDRESS Rising Sun Md | DATE SIGNED 6/22-50

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF May 27, 1950 | NAME OF CEMETERY OR CREMATORY Calvary | LOCATION (City, town, or county) Cleveland, | (State) Ohio

DATE REC'D BY LOCAL REG. May 23 | REGISTRAR'S SIGNATURE F. R. Frazer | 24. FUNERAL DIRECTOR H. W. Pippinger | ADDRESS Elkton Md.

VS-A16A

1084


RECEIVED
MAY 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05053

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Walter	(Middle) Blanchfield	(Last) McDaniel	4. DATE OF DEATH	(Month) May	(Day) 1	(Year) 1950	
5. SEX M	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug 16 1888	9. AGE last birthday 61 yrs.	If under 1 year: Months 8	Days 10	If under 24 hrs.: Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fiber worker	10b. KIND OF BUSINESS OR INDUSTRY Dupont Continental Fibrilo	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME Jefferson McDaniel		14. MOTHER'S MAIDEN NAME Elizabeth Barber						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Mr. Brooks Allen					

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.2 Immediate cause	(a) Acute Myocarditis (Dilatation)	(1) Hours
Antecedent cause(s)		
92a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	8 years
	(c) Aortic Insufficiency	14 Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY —	(CITY OR TOWN)	(COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5/1, 1950, to 5/1, 1950, that I last saw the deceased alive on April 27, 1950, and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L. Johnson	MD	245 E. Main St, Elkton, Md.	May 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 6, 1950	NAME OF CEMETERY OR CREMATORY Cherry Hill	LOCATION (City, town, or county) Cherry Hill	(State) Md
DATE REC'D BY LOCAL REG. May 5	REGISTRAR'S SIGNATURE J R Frazer	24. FUNERAL DIRECTOR H. W. Pippin & Son	ADDRESS Elkton Md	

49644

RECEIVED
MAY 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05054

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Conowingo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HERBERT	(NMI)	MORGAN	May	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	July 28, 1900	49 yrs.	9	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unk	Unk	Whiteford, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John F. Morgan	Lezzie Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW II		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Lungs	1 year
163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 472	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
----	---	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	--	----		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
---			m.		---

22. I hereby certify that I VA attended the deceased from May 7, 1950, to May 19, 1950, ~~that I last saw the deceased~~ above on ~~XXXXXXXXXXXXXXXXXX~~ and that death occurred at 8:45 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. 5-19-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	5-19-50	Slateville Cemetery	Delta, Pennsylvania

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 19, 1950	Irma E. Daugherty	Robert P. Garbins	Delta Pa

XVX99

RECEIVED
MAY 22 1950
BUREAU V. S.

05055

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk.
STREET ADDRESS (If rural give location) 19 Flagship Rd. ✓

3. NAME OF DECEASED (Type or Print) William (Middle) T Pollard
4. DATE OF DEATH (Month) 5 (Day) 13 (Year) 1950
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-10-05
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Steel Worker
10b. KIND OF BUSINESS OR INDUSTRY Beth. Steel Co.
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Sam Pollard
14. MOTHER'S MAIDEN NAME Anna Quigley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-10-5101
17. INFORMANT Helen F. Pollard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8 Immediate cause (a) Drowned.

172 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under ying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) Susquehanna River (CITY OR TOWN) Lapidan (COUNTY) Harfud. (STATE) Md
TIME OF INJURY (Month) 5 (Day) 13 (Year) ~~40~~ 50 (Hour) 11:30 a.m. [6/15/50 akc]
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell off boat into River

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD. (Degree or title) D M E ADDRESS Rising Sun Md DATE SIGNED 5-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF May 21, 1950 NAME OF CEMETERY OR CREMATORY Clover Cemetery LOCATION (City, town, or county) Clover, Virginia (State)
DATE REC'D BY LOCAL REG. 5/19/50 REGISTRAR'S SIGNATURE H W Hedrick Dm
24. FUNERAL DIRECTOR Roland L. Fisher, Dundalk, Md. ADDRESS

98829

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Evidence for addition in #18 shown on:

05056

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM NO. G 126 JUN 27 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH: COUNTY: CECIL; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRY POINT; LENGTH OF STAY (in this place): 4 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: PENNSYLVANIA; COUNTY: CHESTER; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MODENA; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EMET; (Middle) [redacted]; (Last) PRICE

4. DATE OF DEATH: (Month) MAY (Day) 26 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 6-15-1894

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STEELWORKER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NORTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN PRICE

14. MOTHER'S MAIDEN NAME: PHOEBE JANE WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastasis of brain	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tumor of right suprarenal gland, type as yet undetermined. Malignant Pheochromocytoma, right suprarenal. (6-27-50- ams)	Unknown
	(c) Bronchopneumonia	Unknown

195 X
55a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, cerebral and generalized, severe — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that VA I attended the deceased from May 22, 1950, to May 26, 1950, ~~that I last saw the deceased on 19xx~~, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE: Willis Oppler (Degree or title) ADDRESS: Acting Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 5-27-50

WILLIS OPPLER, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

DATE THEREOF: 5-27-50

NAME OF CEMETERY OR CREMATORY: unknown.

LOCATION (City, town, or county) (State): Coatesville, Pa.

DATE REC'D BY LOCAL REG.: May 27, 1950

REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR: Lee A Patterson ADDRESS: LEE A PATTERSON, PERRYVILLE, MARYLAND

CONSHOHOCKEN, PENNA.

RECEIVED
MAY 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05057

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 12yr 7 mos 15days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): 120 West Main Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANDREW	A.	RAMBO	May	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	Sept 18, 1871	78 yrs.	7	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown		Elkton, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Rambo - deceased	Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes Span-Amer.		Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bronchial, bilateral	1 week
Antecedent cause(s)	due to	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcinoma of the rectum	
	(c)	

154X
46d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--			m.		--

22. I hereby certify that I attended the deceased from July 29, 1937, to May 14, 1950, ~~that I last saw the deceased alive on~~, and that death occurred at 1:28 AM m., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D., (Degree or title) — ADDRESS: Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: 5-15-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	5-17-50	Baltimore National Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 17, 1950	Irma E. Dougherty	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

VS. A15

RECEIVED
MAY 18 1950
BUREAU T. S.

05058

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 236 Mackall St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Md
STREET ADDRESS (If rural, give location) 236 Mackall St.

3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) Q (Last) Healey
4. DATE OF DEATH (Month) May 16 (Day) 50 (Year) 19

5. SEX F.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 26, 1867
9. AGE last birthday 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retd Librian
10b. KIND OF BUSINESS OR INDUSTRY Library
11. BIRTHPLACE (State or foreign country) Rock Hall, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William B. Healey
14. MOTHER'S MAIDEN NAME Sarah Elizabeth Rutter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT Mrs Roy McKeown Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	2 days
442X Antecedent cause(s)	(b) Cardio vascular renal disease	10 years
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1935, to May 16, 1950, that I last saw the deceased alive on May 15, 1950, and that death occurred at 12:10 A.m., from the causes and on the date stated above.

SIGNATURE J. Herbert Bates (Degree or title) M. D. ADDRESS Elkton Md DATE SIGNED May 16, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE May 19/50 NAME OF CEMETERY OR CREMATORY Elkton. LOCATION (City, town, or county) Elkton. (State) Md.

DATE REC'D BY LOCAL REG. May 18 REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md.

24691

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19 1950
BUREAU T. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05059

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. #4 Elkton
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) R.F.D. #4 near Leeds

3. NAME OF DECEASED (Type or Print) (First) Victora (Middle) (Last) Reeves

4. DATE OF DEATH (Month) May (Day) 16 (Year) 1950

5. SEX F.

6. COLOR OR RACE Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Aug 24 1897

9. AGE last birthday 52 yrs. If under 1 year: Months 8, Days 22; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY House Wife

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Hart

14. MOTHER'S MAIDEN NAME Laura Tribbet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Wiley A. Reeves

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast with

170X Antecedent cause(s) Metastases

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia

INTERVAL BETWEEN ONSET AND DEATH: 1 Year; 2 Months

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 1950, to March 16 1950, that I last saw the deceased alive on March 15, 1950, and that death occurred at 4 P.M. 30 A.M., from the causes and on the date stated above.

SIGNATURE James L. Johnson (Degree or title) M.D. ADDRESS 245 E. High St, Elkton, Md DATE SIGNED May 17, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE May 18/50 NAME OF CEMETERY OR CREMATORY Union LOCATION (City, town, or county) Elkton RD 4, (State) Md

DATE REC'D BY LOCAL REG. May 18 REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR H W Tippin & Son ADDRESS Elkton, Md

RECEIVED
MAY 19 1950
BUREAU U. S.

M

05060

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) (Last) Stapp

4. DATE OF DEATH (Month) May (Day) 22 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept 17, 1867
9. AGE last birthday 82 yrs. If under 1 year: Months 8, Days 6; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) Warwick Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Michael Stapp
14. MOTHER'S MAIDEN NAME Christine Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mary R. Stapp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) INANITION	1 MO.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMA OF BASE OF TONGUE	2 YEARS
	(c)	

141 x
45 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to May 22, 1950, that I last saw the deceased alive on May 22, 1950, and that death occurred at 1 41 P m., from the causes and on the date stated above.

SIGNATURE Henry Davis (Degree or title) MD ADDRESS Chesapeake City Md DATE SIGNED 5/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 25, 1950
NAME OF CEMETERY OR CREMATORY St Rose
LOCATION (City, town, or county) Chesapeake City (State) Md.

DATE REC'D BY LOCAL REG. May 24
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md.

308 √9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
MAY 31 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

05061

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 61 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 23 North High Street

3. NAME OF DECEASED (Type or Print): (First) DOMINICK (Middle) (NMI) (Last) SUSIO

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH August 11, 1889

9. AGE last birthday 60 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Finisher

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (State or foreign country) Naples, Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Germain Susio

14. MOTHER'S MAIDEN NAME Palma Ditola

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 218-05-3821

17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

156.1 Immediate cause (a) Carcinoma of the Liver — Unknown

Antecedent cause(s)

46.9 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from March 7, 1950, to May 7, 1950, ~~XXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 2:40 P m., from the causes and on the date stated above.

SIGNATURE Willy Oppler (Degree or title) ADDRESS DATE SIGNED

WILLY OPPLER, M.D., Acting Chief, Professional Services, VAH, Perry Point, Md. May 7, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE May 7, 1950 — NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. May 7, 1950 — REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR Frank D Noce Rev. EKB — ADDRESS FRANK DELLA NOCE, 322 High St, Baltimore, Md.

36869

RECEIVED
MAY 9 1950
BUREAU V. S.

05062

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) 3 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Swartz

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: about 1863 no record

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME: no record

14. MOTHER'S MAIDEN NAME: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Hosp records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Portal Cirrhosis of Liver — Interval Between Onset and Death: 5 months

581.0 Antecedent cause(s)

1241 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Arteriosclerotic Cardio Vascular Renal Disease — 8 years ?

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1948, to 7 May, 1950, that I last saw the deceased alive on 6 May, 1950, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Klaus H Hueber M.D. ADDRESS: North East Md. DATE SIGNED: 8 May '50

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 5-9-50 NAME OF CEMETERY OR CREMATORY: Charlestown LOCATION (City, town, or county) (State): Charlestown Md

DATE REC'D BY LOCAL REG.: May 8 REGISTRAR'S SIGNATURE: F R Frazer 24. FUNERAL DIRECTOR: Joseph R Hart ADDRESS: North East Md

RECEIVED
MAY 11 1950
BUREAU V. S.

05063

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH · COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colora Rural — LENGTH OF STAY (In this place): 7 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colora. Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Amos	(Last) Weir	4. DATE OF DEATH	(Month) May (Day) 24 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept. 4, 1877	9. AGE last birthday: 72 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Chester Co. Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Isaac Weir		14. MOTHER'S MAIDEN NAME: Elizabeth Walker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. William Weir			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia (Kidney shut down)	24 hrs.
443X Antecedent cause(s)	(b) Cerebral Vascular Accident	72 hrs.
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertensive Cardio Vascular disease	4 to 5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Enlarged Prostate gland	2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1948, to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 6:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Port Deposit	Md. 5-7-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: May 28. 1950	NAME OF CEMETERY OR CREMATORY: Brookview	LOCATION (City, town, or county) (State): Rising Sun. Md.
DATE REC'D BY LOCAL REG.: May 16-50	REGISTRAR'S SIGNATURE: L M Worthington	24. FUNERAL DIRECTOR: J. E. Tyson	ADDRESS: Rising Sun. Md.

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05064

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit Rural. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit Rural.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) GERALD (Middle) (Last) WILSON
4. DATE OF DEATH: (Month) 5 (Day) 19 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	Col.	Single	1-20-1909	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	General labor	Fairfield Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Orville Wilson	Elizabeth Milburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	216-09-5064	Orville Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal Hemmorhage.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Ruptured Spleen & fracture of 8-9 ribs left side.

(c)

936.0
195.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home.	Port Deposit	Cecil	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work X	HOW DID INJURY OCCUR?
5 19. 50. m.		Was either hit or fell on left side

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined X*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. E. Dodson	M.D.	DME Rising Sun Md	6/19/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 22 1950	Arcadia	Peach Bottom	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-19-1950	L. M. Worthington	J. E. Tyson	Rising Sun Md

98899

VS. A15A

RECEIVED
MAY 28 1950
BUREAU V. S.